N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAR 14 1938

5209
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003
Registered No. 1854
(c) City St. Louis, Missouri (d) Street No. De Paul Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Katherine Schmidt 530
(a) Residence, No. ..... St. WR Jonesboro Illinois.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Herman E. Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas, Missouri.

FATHER
13. NAME Peter Ludwig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown Von Hoffmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mr. E. A. Smith
(ADDRESS) Jonesboro, Illinois.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesboro Illinois DATE Feb. 23, 1938

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue.

20. FILED FEB 22 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-9-38, 19..., to 2-21-38, 19...
I last saw her alive on 2-21-38, 19..... Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
59	

Other contributory causes of importance: Accidental Coma

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood & Urine Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) Wesley M. Hanford M. D.
(Address) 605-615 Missouri Club Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Albert H Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Albert H Hoppe

Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)